## PART B - FEE(S) TRANSMITTAL

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| APPLICATION NO.   | FILING DATE  |   | FIRST NAMED INVENTOR   | ₹   | ATTO                                  | RNEY DOCKET NO.  | CONFIRMATION NO.  |
| 10/517,916 12/14/2004 TITLE OF INVENTION: CAPPED ELECTRIC LAMP AND LOW-PRE  |  |   | Allard Arend Boomkens  |   |                                       |  |   |
| TITLE OF INVENTION  | : CAPPED ELECTRIC  | LAMP AND LOW-PRES   | SSURE MERCURY-VAI  | OR DISCHARGE  | LAMP                                  |  |   |
|   |  |   |  |   |                                       |  |   |
| APPLN. TYPE   | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE DUE  | PREV. PAID ISSUI  | E FEE                                 | TOTAL FEE(S) DUE   | DATE DUE  |
| nonprovisional  | NO   | \$1400  | \$300  | \$0   |                                       | \$1700   | 11/24/2006  |
| EXAMINER  |  | ART UNIT  | CLASS-SUBCLASS   |   |                                       |  |   |
| DONG, DALEI   |  | 2879  | 313-623000   | _   |                                       |  |   |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  |  |   |  | or printing on the patent front page, list  |                                       |  |   |
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| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  |  |   | 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |   |                                       |  |   |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA  | A TO BE PRINTED ON  | THE PATENT (print or ty  | pe)   |                                       |  |   |
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| 5. Change in Entity State   | tus (from status indicated<br>s SMALL ENTITY statu   | ,   | ☐ b. Applicant is no lor   | nger claiming SMAI  | I ENT                                 | TTV ctatus See 37 CF   | R 1 27(a)(2)  |
|   | d Publication Fee (if requ   | uired) will not be accepte  | d from anyone other than   |   |                                       |  | assignee or other party in  |
| · · · · · · · · · · · · · · · · · · ·   |  |   | Office.  |   | N                                     | ovember 15, 20   | 106   |
| Authorized Signature  |  |   | Date   |   | ovember 15, 20                        | <del></del>  |   |
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